**FEC** 

## **STATEMENT OF**

FORM 1		ORGANIZA	ATION		
1 OTTIVITY		(See instruction	ns)		Office use only
NAME OF COMMITTEE (iii	n full)	(Check if name is changed)	Example: If typying, typ over the lines	e 12FE4M5	1 1
CLEVELAND	-CLIFFS INC P	OLITICAL ACTION C	COMMITTEE (Cliffspac	·)	
ADDRESS (number and	d street)	100 Superior Avenu	le 		
(Check if address is changed)	99	Room 1500		1 1 1 1 1 1 1	
		Cleveland,		OH	44114   2589
			CITY	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	AIL ADDRESS (P	lease provide only one e-r	mail address)		
(Check if address is changed)	ss 📙	atherine.reeves@cl	iffsnr.com		
is changed)					
COMMITTEE'S WEE	R PAGE ADDRES	S (LIBL)			
		vww.cliffsnaturalres	ources.com		
(Check if addre X is changed)	iss L				
	Ш				
2. DATE <b>M 0</b>	M / D D D 2 4	2 0 0 9			
3. <b>FEC IDENTIFIC</b>	ATION NUMBER	•	C C00039016		
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (	A)	
I certify that I have exar	mined this Statemer	t and to the best of my kno	wledge and belief it is true, co	rect and complete	
,		•	3	,	
Type or Print Name of	of Treasurer	Dana W. Byrne			
Signature of Treasure	er El <u>ectronicall</u>	Filed by <b>Dana W. B</b>	Syrne	_ Date 03	26 2009
NOTE: Submission of			subject the person signing th	·	•
	ANY	THANGE IN INFORMAT	FION SHOULD BE REPOR	TIED WITHIN 10 DAY	S
Office Use Only			For further inform Federal Election Co Toll Free 800-424-	ommission	FEC FORM 1 (Revised 02/2009)